PTO/SB/22 (12-04)

Approved for use through 07/31/2006. OMB 0651-0031

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 500393. I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form.								
	The Director has already been authorized to charge fees in this application to a Deposit Account.							
	Payment by credit card. Form PTO-2038 is attached.							
X	A check in the amount of the fee is enclosed	i.						
	Applicant claims small entity status. See 37 CFR 1.27.							
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$				
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$				
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$				
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$				
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>120</u>				
1116	requested extension and fee are as follows (chec	Fee	Small Entity Fee	ale lee below).				
	lication.							
	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified							
	Unit 2162	Examiner Troung. Cam Y. T.						
	TIME SLOT BASED CALENDAR AC							
Apr	olication Number 09/872.686	Filed May 31, 2001						
	FY 2005 (Fees pursuant to the Consolidated Appropriations Act	112076-138340						
	TITION FOR EXTENSION OF TIME UNDER	Docket Number (Optional)						

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

RADEM? Effective on 12		in examination			Complete if Kno	avs a valid OMB control number	
Fees pursuant to the Consolidated App	Application Number 09/872,686						
FEE TRAN	Filing Date		May 31, 2001				
For FY			Engstrom				
	 		Froung, Cam Y. T.				
Applicant claims small entity s	Art Unit 2162						
TOTAL AMOUNT OF PAYMENT	(\$) 670		Attorney Docket	No.	112076-138340		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Ac	count Number: 500393	3	Deposit Ac	count Na	_{ame:} Schwabe V	Williamson et al.	
For the above-identified dep			-				
Charge fee(s) indicate	ed below		Charg	e fee(s)	indicated below, e	except for the filing fee	
	I fee(s) or underpayme	nts of fe	e(s) Credit	any ov	erpayments	• •	
under 37 CFR 1.16 a WARNING: Information on this form m Information and authorization on PTO-	ay become public. Credi	t card inf	ormation should no	ot be inc	luded on this form.	Provide credit card	
FEE CALCULATION					-		
1. BASIC FILING, SEARCH, A		FEES					
FILI	NG FEES Small Entity	SEAR	CH FEES	EXAN	AINATION FEES	3	
Application Type Fee (Fee (\$	Small Entity 1 Fee (\$)	<u>Fee</u>	Small Entity (\$) Fee (\$)	Fees Paid (\$)	
Utility 300	150	500	250	200	100		
Design 200	100	100	50	130	65		
Plant 200	100	300	150	160	80		
Reissue 300	150	500	250	600	300		
Provisional 200	100	0	0	(0		
2. EXCESS CLAIM FEES					Fee (\$)	Small Entity Fee (\$)	
Fee Description Each claim over 20 (including	ng Reissues)				50	25	
Each independent claim ove		ies)			200	100	
Multiple dependent claims				360	180		
Total Claims Extra	Paid (\$)			Dependent Claims			
31 - 20 or HP = 3 HP = highest number of total claims p		- = —	150		<u>Fee (\$)</u>	Fee Paid (\$)	
•	Claims Fee (\$)	Fee	Paid (\$)				
63 or HP =2			400				
HP = highest number of independent of a APPLICATION SIZE FEE	claims paid for, if greater tr	ian 3.					
If the specification and drawing	ngs exceed 100 sheet	s of pa	per (excluding e	lectror	ically filed sequ	ience or computer	
listings under 37 CFR 1.52					r small entity) fo	or each additional 50	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specification,		l entity	_, ,		•	Fees Paid (\$)	
Other (e.g., late filing surcharge): Petition for Extension of Time (1 month - \$120)							

SUBMITTED BY	UBMITTED BY					
Signature	My	Registration No. (Attorney/Agent) 35,432	Telephone 503 222 9981			
Name (Print/Type)	Al AuYeung		Date August 8, 2005			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.